



WATER WELL REPORT

Original & 1st copy - Ecology, 2nd copy - owner, 3rd copy - driller

Construction/Decommission ("x" in circle) 267680

☒ Construction

☐ Decommission ORIGINAL INSTALLATION Notice
of Intent Number _____

PROPOSED USE:		<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	<input type="checkbox"/> Municipal
<input type="checkbox"/> DeWater		<input type="checkbox"/> Irrigation	<input type="checkbox"/> Test Well	<input type="checkbox"/> Other _____
TYPE OF WORK: Owner's number of well (if more than one) _____				
<input checked="" type="checkbox"/> New well		<input type="checkbox"/> Reconditioned	Method: <input type="checkbox"/> Dug <input type="checkbox"/> Bored <input type="checkbox"/> Driven	
<input type="checkbox"/> Deepened		<input checked="" type="checkbox"/> Cable	<input type="checkbox"/> Rotary	<input type="checkbox"/> Jetted
DIMENSIONS: Diameter of well <u>8</u> inches, drilled <u>83</u> ft.				
Depth of completed well <u>83</u> ft.				
CONSTRUCTION DETAILS				
Casing <input checked="" type="checkbox"/> Welded		<u>8</u> "	Diam. from <u>+1.5</u> ft. to <u>78</u> ft.	
Installed: <input type="checkbox"/> Liner installed		_____ "	Diam. from _____ ft. to _____ ft.	
<input type="checkbox"/> Threaded		_____ "	Diam. from _____ ft. to _____ ft.	
Perforations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Type of perforator used _____				
SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.				
Screens: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> K-Pac Location <u>77</u>				
Manufacturer's Name _____				
Type <u>Stainless</u>		Model No. <u>Tele</u>		
Diam. _____		Slot size _____ from _____ ft. to _____ ft.		
Diam. <u>8</u>		Slot size <u>15</u> from <u>78</u> ft. to <u>83</u> ft.		
Gravel/Filter packed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel/sand _____				
Materials placed from _____ ft. to _____ ft.				
Surface Seal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No To what depth? <u>18</u> ft.				
Material used in seal <u>Bentonite</u>				
Did any strata contain unusable water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Type of water? _____ Depth of strata _____				
Method of sealing strata off _____				
PUMP: Manufacturer's Name _____				
Type: _____ H.P. _____				
WATER LEVELS: Land-surface elevation above mean sea level <u>419</u> ft. <u>20</u>				
Static level <u>8 Ft 6"</u> ft. below top of well Date <u>4-19-07</u>				
Artesian pressure _____ lbs. per square inch Date _____				
Artesian water is controlled by _____ (cap, valve, etc.)				
WELL TESTS: Drawdown is amount water level is lowered below static level				
Was a pump test made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, by whom? _____				
Yield: _____ gal./min. with _____		ft. drawdown after _____ hrs.		
Yield: _____ gal./min. with _____		ft. drawdown after _____ hrs.		
Yield: _____ gal./min. with _____		ft. drawdown after _____ hrs.		
Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)				
Time	Water Level	Time	Water Level	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Date of test _____				
Bailer test <u>15</u> gal./min. with <u>55</u> ft. drawdown after <u>1.5</u> hrs.				
Artest _____ gal./min. with stem set at _____ ft. for _____ hrs.				
Artesian flow _____ g.p.m. Date _____				
Temperature of water _____ Was a chemical analysis made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

CURRENT

Notice of Intent No. W 288313

Unique Ecology Well ID Tag No. APR 943

Water Right Permit No. _____

Property Owner Name BUCKLIN

Well Street Address Franklin Rd

City Clinton County Island

Location SE 1/4-1/4 SE 1/4 Sec 14 Twn 28 R 3 ☒ EWM or WWM circle one

Lat/Long (s, t, r) Lat Deg _____ Lat Min/Sec _____

Still REQUIRED) Long Deg _____ Long Min/Sec _____

Tax Parcel No. R 32813-146-0160

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
Brown Sandy Clay	0	18
Bravely Clay	18	57
Brey Clay	57	70
Comp Bravely Clay	70	78
Dirty Bravel (streaks)	78	83
Mostly Clay	83	

RECEIVED

MAY 04 2007

DEPT. OF ECOLOGY

Well site location
approved by Island
County Health Dept

Well Needs to be pump
Tested To determine
the B.P.M.

Start Date 4-16-07 Completed Date 4-19-07

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

☒ Driller ☐ Engineer ☐ Trainee Name (Print) E Boonstra

Driller/Engineer/Trainee Signature Gulje Boonstra

Driller or trainee License No. 0038

IF TRAINEE,

Driller's Licensed No. _____

Driller's Signature _____

Drilling Company WHIDBEY DRILLERS

Address 716 Holbrook Rd

City, State, Zip Coupeville WA 98239

Contractor's

Registration No. WHIDBWD944LT Date 4-20-07

Ecology is an Equal Opportunity Employer



WELL LOG CHANGE FORM

Instructions: Record any change made to the well log record on this form.
Then always append this form to the well log image. File with the original.

WCL Log ID (Required) 267680 Well Log ID _____

Regional Office: ☐ CRO ☐ ERO ☒ NWRO ☐ SWRO

Type of Well: ☒ Water ☐ Resource

Notice of Intent: W238313 Ecology Well ID Tag No. _____

Property (Well) Owner's Name Bucklin

Well Street Address _____

City _____ County _____ Zip Code _____

Location: 1/4-1/4 1/4 Sec _____ Twn _____ R _____ E or W (Circle One)

Lat./Long: (Required) Lat. Deg. _____ Lat. Min/Sec _____

Long. Deg. _____ Long. Min/Sec _____

Horizontal Collection Method Code _____

Tax Parcel No _____

Type of Work: ☐ New Well ☐ Reconditioned ☐ Deepened

Well Log Received Date / /

Well Diameter _____ (in inches) Well Depth _____ (in feet) Well Completed Date / /

Driller's Ecology License No. _____

Trainee's Ecology License No. _____

Reason/Source of Change (Required)

corrected Notice of Intent # to match
notice submitted

Signature of Well Log Tracker (Required) Melissa Snoelberger Date 8/1/07



NOTICE OF INTENT TO CONSTRUCT A WATER WELL

Notification Number

W 238313

MAR 21 2007

This form and required fees **MUST BE RECEIVED** by the Department of Ecology
72 HOURS BEFORE you construct a well.

Submit one form and required fee (check or money order ONLY) for each job site. Instructions for filling out this form are printed on the back. Mail this form to the Department of Ecology, P.O. Box 5128, Lacey, WA 98509-5128

NOTE: PLEASE PRINT ALL ANSWERS. PROCESSING YOUR NOTICE OF INTENT MAY BE DELAYED IF ALL FIELDS OUTLINED IN THE BOXES ARE NOT FILLED IN COMPLETELY.

1. Property Owner Bucklin Phone No. _____
Mailing Address ~~Bucklin~~ City _____ State _____ Zip _____

2. Agent (if different from #1): Greg Koch Phone No. 360 661-0014
Mailing Address 5363 Mutiny Bay Rd City Free Land State WA Zip 98249

01-Adams, 02-Asotin, 03-Benton, 04-Chelan, 05-Clallam County, 06-Clark, 07-Columbia, 08-Cowlitz, 09-Douglas, 10-Ferry, 11-Franklin, 12-Garfield, 13-Grant, 14-Grays Harbor, 15-Island, 16-Jefferson, 17-King, 18-Kitsap, 19-Kittitas, 20-Klickitat, 21-Lewis, 22-Lincoln, 23-Mason, 24-Okanogan, 25-Pacific, 26-Pend Oreille, 27-Pierce, 28-San Juan, 29-Skagit, 30-Skamania, 31-Snohomish, 32-Spokane, 33-Stevens, 34-Thurston, 35-Wahkiakum County, 36-Walla Walla County, 37-Whatcom, 38-Whitman, 39-Yakima

3. Print CODE NUMBER and COUNTY NAME (e.g. 01-Adams)
of well location from list above (DO NOT ABBREVIATE)

15 Island

4. Well Location: SE 1/4-1/4 of the SE 1/4 Section 14 Township 28 Range 3 EWM
or WWM (circle one)

5. Will the intended withdrawal from this well exceed 5000 gallons per day or be used to irrigate more than 1/2 acre of non-commercial lawn or garden? (Check one) ☐ Yes (Copy of Water Right permit attached) ☒ No

6. Type of well construction: ☒ New ☐ Deepened ☐ Reconditioned ☐ Other _____

7. Purpose of use: ☐ Domestic ☒ Group Domestic ☐ Irrigation ☐ Municipal ☐ Test Well ☐ Other _____

8. Approx construction start date April 1 07 9. No. of homes to be served 3

Latitude and longitude (if available) NOTE: 1/4, section, township and range are REQUIRED.

Lat Degrees _____ Lat Time _____

Long Degrees _____ Long Time _____

Horizontal Collection
Method _____

10. Well Site Street Address Franklin Rd Clinton

11. Tax parcel number R 32813-146-0160

12. Contractor L & I Registration No. W1HIDBWD 944 9 9

13. Well Drilling Company Name WHIDBEY DRILLERS Phone No. 360 670 4858

14. Well Driller Name G Boonstra License No. 0030

15. SEND THE ENTIRE FORM. The bottom portion of this notice will be validated in our office and sent back to the name and address contained on the address label. This is the proof of notification. Please fill out the portion below CAREFULLY.

NOTE: Please copy the Notification Number (located in the upper and lower right corner) and keep in a safe place. Please reference this number when communicating with the Department of Ecology.